Name in Full: C. Virginia Alloway

CERTIFICATE OF DEATH

MARYLAND

Died at: Upper X Roads — Town: — County: Harford

Date of death: Month: Feb — Day: 29 — Year: 1904 — Age: 34 — Months: 4 — Days: 12

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Nervine Wife — Where Residing if not at place of death: Harford Co.

Married, ~~Single~~, ~~Widowed~~: Married — Name of Wife or Husband: John R. Alloway

Father's Name: W. B. Hitchcock — Father's Birthplace: Maryland

Mother's Maiden Name: M. E. Chenoweth — Mother's Birthplace: Maryland

Name of person giving Imformation: M. E. Hitchcock — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: One year

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. W. Dawn M.D.

Address: Pleasantville Harford Co.

Accident or Suicide?

LIBRARY BUREAU A98618

Name in Full: Oletta Bennington

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cardiff — County: Harford.

Date of death 1904: Month: 2. — Day: 8 — Age: Years: 2 — Months: 1 — Days: 27

Sex: Female. — Color or Race: White — Birthplace: Cardiff Md

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: John J Bennington — 90. — Father's Birthplace: Md.

Mother's Maiden Name: P. Proctor — Mother's Birthplace: Md

Name of person giving information: Mrs Bennington — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Capillary Bronchitis — How long: one week.

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jas. F. Kalb

Address: Cardiff Md.

Accident or Suicide?

LIBRARY BUREAU A83316

Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 19		Age				

Male / Female

White / Colored

Married / Single

Widow / Widower

Divorced

Number of children living

Husband / Wife of

Father's Name

Mother's Maiden Name

Cause of Death — Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Frank Connelly

Died at Town: Aberdeen County: Harford MARYLAND

Date 1904 Month: July Day: 28 Age Y. 45 M. D. | Native of: Harford Co | Occupation: Laborer

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | ~~Number of children living~~

~~Husband of~~ ~~Wife~~

Father's Name: Don't Know

Mother's Name: Mary E Connelly

Cause of Death — Primary: Consumption — How long sick: four years

Immediate:

27

Accident Suicide Homicide

Reported by: Henry Tarwood

Address: Aberdeen Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM

Name in Full

Certificate of Death

Isaac Hebler Coale

Died at Churchville (Town) Harford (County) MARYLAND

Date 1914 Month 2 Day 29 | Age Y. 80 M. D. | Native of Harford | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~ | Number of children living 3

Husband ~~Wife~~ of Martha Davis

Father's Name Dilworth H. Coale | Mother's Name Eliza Dugan Coale

Cause of Death { ~~Primary~~ | Immediate Old age } | How long sick about 8 mo.

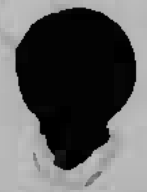
Accident ~~Suicide~~ ~~Homicide~~

Reported by Dr. T. Roche

Address Churchville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full: John Collins

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Havre de Grace — County: Harford

Date of death 1904 — Month: 2 — Day: 23 — Age: Years 64, Months —, Days —

Sex: Male — Color or Race: Black — Birthplace: Cecil Co.

Married, Single or Widowed: Widowed — Occupation: Labor

Name of Wife ~~or Husband~~: Jane Collins

Father's Name: John Collins — Father's Birthplace: Cecil Co

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving information: James Collins — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Exposure + Starvation — How long: Days

Immediate: Lack of proper Attention — How long: Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R N Smith

Address: ~~R H D~~ Havre de Grace Md

Accident or Suicide? Only saw patient once before he died

173

LIBRARY BUREAU A89016

Name in Full: Joseph Cullins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Kalma County: Harford

Date of death 1904: Month: Feb. Day: 17

Age: Years: 21 Months: Days:

Sex: Male Color or Race: Negro Birthplace: Harford Co

Married, Single or Widowed: Single Occupation: Farm Hand

~~Name of Wife or~~ Husband:

Father's Name: Sam Cullins Father's Birthplace: Harford Co

Mother's Maiden Name: Maggie Dutton Mother's Birthplace: " "

Name of person giving Information: George Dutton How related to deceased: Uncle

93.

CAUSES OF DEATH

Primary: Pneumonia How long: 2 Days

Immediate: " " How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr F L Abbott

Address: Aberdeen Md

Accident or Suicide?

LIBRARY BUREAU A98516

Name in Full: Ada Queen

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Havre de Grace — County: Harford

Date of death 1904	Month	Day	Years	Months	Days
	2	28	Age 14		

Sex: Female — Color or Race: White — Birthplace: Havre de Grace Md

Married, Single or Widowed: — — Occupation: worked in Shirt factory

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Queen — Father's Birthplace: Harford Co Md

Mother's Maiden Name: Adaline Howard — Mother's Birthplace: Harford Co Md

Name of person giving Information: Adaline Queen — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 1 yr.

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. W. Smith

Address: Havre de Grace Md

Accident or Suicide?

LIBRARY BUREAU A6881G

Name in Full: Euphemia A. Forsythe

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Poole — County: Harford

Date of death 1904: Month: Feb — Day: 28 — Age: Years: 58 — Months: 6 — Days:

Sex: Female — Color or Race: White — Birthplace: Harford Co.

Married, Single or Widowed: Widowed — Occupation:

Name of Wife or Husband: Samuel Forsythe

Father's Name: Hunt A. Lindsay — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Augusta Bates — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: Cerebral Hemorrhage — How long: Two weeks.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: E. H. Arias M. D.

Address: Bastbtra, Md.

Accident or Suicide?

64

LIBRARY BUREAU A68516

Name in Full

Certificate of Death

Sarah Lorenza Glenn

Died at Rocks (Town) Harford (County) MARYLAND

Date 1904 Month Feb. Day 3 | Age Y. 68 M. 1 D. 7 | Native of Md. | Occupation housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 4

~~Husband~~ Wife of William On. Glenn 45

Father's Name Joseph E. Ashton | Mother's Maiden Name Hannah Street

Cause of Death: Primary Carcinoma of breast | How long sick 3 months

Immediate Carcinoma of Lung 43

~~Accident, Suicide, Homicide~~

Reported by H. I. Turner M. D.

Address Black Horse Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78828

Name in Full: James Henderson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bel air — County: Harford

Date of death 1904: Month: Feb. — Day: 5th — Years: Age 82 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Scotland

Married, Single or Widowed: Single — Occupation: Laborer

Name of Wife or Husband:

Father's Name: Unknown — Father's Birthplace: Scotland

Mother's Maiden Name: Unknown — Mother's Birthplace: Scotland

Name of person giving information: Noah Small, Supt. Almshouse — How related to deceased: Not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

155

Primary: — How long:

Immediate: Arsenic poisoning — How long: 6 hours.

Are the name, age, sex, color, data and place correctly given above? Yes — Signature of Physician: G. F. Hart Sibbald

Address: Bel Air, Md.

Accident or Suicide? Suicide.

PHYSICIAN OR CORONER

LIBRARY BUREAU A66316

Name in Full

Anna Homer

Certificate of Death

Died at Town: Aberdeen County: Harford, MARYLAND

Date 1904 Month: Feby Day: 21 | Age Y.: 71 M.: D.: | Native of Harford | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~ | Number of children living 4

Husband of Wife Vincent Homer,

Father's Name —— Mother's Maiden Name ——

Cause of Death: Primary Chronic Dysentery — How long sick Two months

Immediate Pneumonia — Accident, Suicide, Homicide

Reported by D. W. E. Arthur

Address Aberdeen Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full: Chas Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Bel Air — County: Harford

Date of death 1904 — Month: July — Day: 3rd — Age: Years 4 3 — Months 10 — Days —

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: Black — Birthplace: Md.

Occupation: Laborer — Where Residing if not at place of death: Bel Air

Married, Single or Widowed: Married — Name of Wife or Husband: Alice Cochran

Father's Name: Wm H Johnson — Father's Birthplace: Md

Mother's Maiden Name: Amy Buchanan 93 — Mother's Birthplace: Md

Name of person giving Information: Alice Johnson — How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 6 days

Immediate: Pneumonia — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. Hall Richardson

Address: Bel Air, Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full — Certificate of Death

Hannah Lynch.

Died at — Town: Bibby — County: Stanford — MARYLAND

Date 1904 Feb 18 — Age Y. 55 M. — D. — Native of Ireland — Occupation

~~Male~~ Female — White ~~Colored~~ — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name: Jeremiah Lynch — Mother's Name: Ellen Tobey

Cause of Death — Primary: Carcinoma of uterus — How long sick 7 yr.

Immediate: Mar Cirr (42)

Accident, Suicide, Homicide

Reported by

Address: Edgewood Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65263

Name in Full: Thomas H. Lynch

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CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Upper Cross Roads; County: Harford

Date of death 1904: Month: Feb.; Day: 18; Years: Age 64; Months; Days

Sex: Male; Color or Race: White; Birthplace: Ireland

Married, Single or Widowed: Married; Occupation: Farmer

Name of Wife or Husband:

Father's Name: John Lynch; Father's Birthplace: Ireland

Mother's Maiden Name: Margaret Mahan; Mother's Birthplace: "

Name of person giving information: Martin Lynch; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer Stomach; How long

Immediate: " ; How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno. S. Green

Address: Gittings Md.

Accident or Suicide?

LIBRARY BUREAU A86515

Name in Full: Nathaniel Matthews

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bel Air — County: Harford

Date of death 1901: Month: Feby — Day: 26 — Years — Age — Months: 8 — Days

Sex: Male — Color or Race: Black — Birthplace: Bel Air

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Charles Matthews — Father's Birthplace: Md

Mother's Maiden Name: Dora Anderson — Mother's Birthplace: Md

Name of person giving Information: Charles Matthews — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 21 days

Immediate: Anaemia — How long: 2 mos

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. H. Richardson

Address: Bel Air, Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name In Full

Certificate of Death

Ephraim McCann

Died at Town: Seaford County: Hanford MARYLAND

Dete 1904 Month: Feb Day: 22 | Age Y.: 75 M.: 4 D.: 5 | Nativa of: Sorkeo, Pa | Occupation: Shoemaker

Mala ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 3

Husband ~~Wife~~ of Mary A. Ayers

Father's Nama — Mothar's Maiden Name

Cause of Deeth — Primary: Heart disease — How long sick: One year

Immediate — Accident, Suicida, Homicide

Reported by Geo. W. Davis M.D.

Address Pleasantville Hanford Co.

Must be signed by physician, if eny in ettendance, otherwise by coronar, undertaker or minister.

LIBRARY BUREAU, 79895

Name in Full George W Murphy

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Churchville — County: Harford

Date of death 1904 — Month: 2 — Day: 29 — Age: Years: 70 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Harford Co

Married, ~~Single~~ or Widowed: Married — Occupation: Farmer

Name of Wife or Husband

Father's Name: Wm Murphy — Father's Birthplace: Md

Mother's Maiden Name: Catharine Sutton — Mother's Birthplace: Md

Name of person giving In formation: Wm Gilbert — How related to deceased: None

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Consumption — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. K. Ellis

Address: Perryman

Accident or Suicide?

LIBRARY BUREAU A99816

Name in Full: Hannah E. Norris

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Coodlestown — (County): Harford

Date of death 1904: Month: Feb — Day: 9th

Age: Years: Eighty One — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Widow — Occupation: House wife

Name of Wife or Husband: Benj Norris

Father's Name: James Slade — Father's Birthplace: Harford Co

Mother's Maiden Name: Hannah [illegible] — Mother's Birthplace: " "

Name of person giving Information: Charles Moore — How related to deceased: Neighbor

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: Two weeks

Immediate: Heart Failure — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm E. Smith M.D.

Address: Jamesville Md

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Sarah Jane Pyle, Harford Co.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Doyle's Corner; County: Harford Co.

Date of death 1904: Month: July; Day: 1; Age: Years: 79; Months; Days

Sex: female; Color or Race: white; Birthplace: Md.

Married, Single or Widowed: widow; Occupation:

Name of Wife or Husband:

Father's Name: Stephen Harkins; Father's Birthplace: Md.

Mother's Maiden Name: Unknown; Mother's Birthplace: Md.

Name of person giving information: Roby Pyle; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: old age; How long: 4 mnths

Immediate: Brain disease; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: F. Lee Hughes

Address: Gibson, Md.

Accident or Suicide?

LIBRARY BUREAU A88616

Deer Creek

X

Name in Full: Lilly E. J. Reed

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rightsmire — County: Harford

Date of death 1904	Month	Day	Age	Years	Months	Days
	2	25		2		

Sex: Female

Color or Race: Colored

Birthplace: Harford Co

Married, Single or Widowed: Single

Occupation: General house work

Name of Wife or Husband:

Father's Name: Isaac H Reed

Father's Birthplace: Harford Co

Mother's Maiden Name: Milcah Gibson

Mother's Birthplace: " "

Name of person giving In formation: Lew Ringgold

How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

118

CAUSES OF DEATH

Primary: Appendicitis — How long: 9 days

Immediate: — — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. H. Otis

Address: Perryman Md

Accident or Sulcide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A08816

Name in Full — Certificate of Death

Mary Anderson Keith

Died at — Town: Catlett — County: Harford — MARYLAND

Date 1894 — Month: [illegible] — Day: 25 — Age: Y. 77 M. 6 D. — Native of: Pennsylvania — Occupation: Home Life

Male / Female — White / Colored — Married / Widow / Divorced — Number of children living: 8

Husband of / Wife: John H. Keith

Father's Name: John Land. — Mother's Name: Mary Land

Cause of Death — Primary: Pneumonia (93) — How long sick: one week

Immediate — Accident, Suicide, Homicide

Reported by: Geo. W. Davis

Address: Clarksville Md — Dr H. G. Walker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Ellsworth Rumbold

Certificate of Death

Died at Town Edgewood County Harford MARYLAND

Date 1904 Oct 15 Month Day Age Y. 2 M. D. Native of Md. Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow Widower Divorced ~~Number of children living~~

Husband of
Wife

Father's Name John Rumbold Mother's Name Matilda Ferguson

Cause of Death { Primary Meningitis How long sick 4 days
Immediate

Accident, Suicide, Homicide

Reported by Mrs C Pitts Edgewood

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full: Florence A Riley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Glenwilen — County: Harford

Date of death 1904: Month: 2 — Day: 3 — Age: Years: 37 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Married — Occupation: —

Name of Wife or Husband: David H. Riley

Father's Name: Lawson Ewing — Father's Birthplace: Md.

Mother's Maiden Name: Lavina Shultz — Mother's Birthplace: Ohio.

Name of person giving information: S. Russell Ewing — How related to deceased: brother.

TO BE ANSWERED BY NEAREST FRIEND

34

CAUSES OF DEATH

Primary: Tuberculosis (general) — How long: 2 years

Immediate: Intestinal infection, diarrhoea — How long: 4 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. L. Hopkins

Address: Havre de Grace

Accident or Suicide?

LIBRARY BUREAU A88518

Name In Full George W. Rogers

Certificate of Death

Died at Town Havre de Grace County Harford MARYLAND

Date 1904 Month 2 Day 29

Age Y. 80 M. D.

Native of Cecil Co Occupation Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 5

Husband ~~Wife~~ of Caroline Rogers

Father's Name Jary Rogers

Mother's Maiden Name

106

Cause of Death: Primary Intestinal Ulceration — How long sick 6 weeks

Immediate & Complications

Accident, Suicide, Homicide

Reported by W. Forbes

Address Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: John W. Seyfreat

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Havre de Grace — County: Harford

Date of death 1904 — Month: 2 — Day: 4 — Age — Years: 6 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Havre de Grace

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Joseph Seyfreat — Father's Birthplace: France

Mother's Maiden Name: Katherine Murphy — Mother's Birthplace: Ireland

Name of person giving In formation: Joseph Seyfreat — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tubercular Meningitis — How long: about 1 week

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R. H. Smith M.D.

Address: Havre de Grace

Accident or Suicide?

LIBRARY BUREAU A89518

Name in Full: Lydia A. Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Darlington; County: Harford

Date of death 1904: Month: 2; Day: 23; Age: Years: 63; Months: —; Days: 17

Sex: Female; Color or Race: White; Birthplace: Harford Co Md

Married, Single or Widowed: Widow; Occupation: Housework

Name of Wife or Husband: Nathaniel Smith

Father's Name: Richard McElroy; Father's Birthplace: Harford Co Md

Mother's Maiden Name: Elizabeth Smith; Mother's Birthplace: Harford Co Md

Name of person giving information: R. N. Smith; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inflammatory Rheumatism; How long: Several weeks

Immediate: Heart Complications; How long: 5 or 6 Months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R N Smith

Address: Havre de Grace Md

Accident or Suicide?

LIBRARY BUREAU A9851D

Name in Full

Certificate of Death

Emma Spencer

Died at Town: Garland County: Harford MARYLAND

Date 1904 Month: 2 - Day: 16 | Age Y. 51 M. — D. — | Native of Md | Occupation —

~~Male~~ Female | White Colored | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | Divorced | Number of children living —

Husband Wife of Robt E. Spencer

Father's Name Jas. Whitelock | Mother's Maiden Name Caroline Bowman

Cause of Death: Primary 64. | How long sick

Immediate Apoplexy | Accident, Suicide, ~~Homicide~~

Reported by J. L. Hopkins MD.

Address Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full: Annie P. Standiford

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Garland — County: Harford

Date of death 1904 — Month: 2 — Day: 5 — Age — Years: 38 — Months: 9 — Days: —

Sex: Female — Color or Race: White — Birthplace: Harford Co

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

Father's Name: James Standiford — Father's Birthplace: Md

Mother's Maiden Name: Louisa — Mother's Birthplace: Md

Name of person giving In formetion: John W Bowman — How related to deceased: Brother in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: Several years

Immediete: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. L. Hopkins

Address: Havre de Grace

Accident or Suicide: —

LIBRARY BUREAU A88516

Name In Full

Certificate of Death

Anna Thompson

Died at Town: near Aberdeen County: Harford MARYLAND

Date 1904 Month: 2 Day: 12 | Age Y.: 30 M.: D.: | Native of: Md | Occupation: Servant

Male / ~~Female~~ | ~~White~~ / Colored | ~~Married~~ / Single | Widow / Widower | Divorced / ~~Number of children living~~

Husband of —
Wife

Father's Name: Geo Thompson

Mother's Maiden Name: Hart Brown

Cause of Death — Primary: Consumption — Immediate: —

How long sick: 3 mo

~~Accident, Suicide, Homicide~~

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Reported by: J B Kenney

Address: Aberdeen Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Margaret Agnes Whelan

Died at Town: Delayton County: Harford MARYLAND

Date 1904 Month: 2 - 26 Day

Age Y. 1 M. 5 D. —

Native of Maryland

Occupation —

~~Male~~ Female

White ~~Colored~~

~~Married~~ ~~Single~~

~~Widow~~ Widower

Divorced ~~Number of children living~~

Husband of Wife

Father's Name Lawrence Whelan

Mother's Maiden Name Bessie Jeffery

Cause of Death: Primary Teething — How long sick

Immediate Convulsions — Accident, Suicide, Homicide

Reported by W. A. R. Kayser M.D.

Address Franklinville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Geo H. White

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Darlington; County: Harford

Date of death 190 4: Month: Feb; Day: 13

Age: Years: 50; Months: 9; Days: 6

Sex: male; Color or Race: White; Birthplace: Maryland

Married, ~~Single or Widowed~~: Married; Occupation: Farmer

Name of ~~Husband~~ Wife or: Sarah E. Gallis

Father's Name: Wm White; Father's Birthplace: Maryland

Mother's Maiden Name: Annie Knight; Mother's Birthplace: Maryland

Name of person giving In formation: Geo W. Gallis; How related to deceased: Father in law

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: 3 wks

Immediate: Heart failure; How long: 12 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. B. Tirk

Address: Darlington, Md.

Accident or Suicide?

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